



Sidewalk Repair Request Form

Date: _____

Name: _____

Street address: _____

Phone: _____

Please check one:

☐ full sidewalk repair

☐ partial sidewalk repair

if partial is checked, please note area needing repair:

Please return your completed form to:

Martinsville Mayor Shannon Kohl's Office

City Hall

59 South Jefferson Street

Martinsville, IN 46151

by mail or hand deliver

